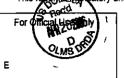
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This republished atory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 540	2 Fiscal Year Covered From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name LAWRENCE, _ ELMS ''; }	Name UNITED BROTHERHOOD OF CARPENTER &: JOINES 412
	Labor Organization File Number 540962
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 7 FAIRLANE CIRCLE	Street 16 JUNO DR
City WARRENTON 5 1 2 1	City WENTZVILLE
State Missouri ZIP Code +4 63383-4422	State Missouri ZIP Code + 4 63385 1924
5 Position in labor organization WARDEN	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) 7 a Nature of Interest, Transaction or Income	
Name 1 -> 3	
Trade Name If any	
PO Box Bidg Room No If any 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Language and the second
Street	7 b Amount
City	J
State ZIP Code +4	
Signature	
15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed Manual Mas	On 3/30/06 636-456-2054 Telephone Number

Name of Person Filing LAWRENCE ELMS	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name CAPENTERS JOINT TRAINING FUND OF ST LOUIS	a Labor Organization	
Trade Name If any	yourus .	
PO Box Bldg Room No If any	b Trust	
Street 1401 HAMPTON AVE	C Employer	
City ST LOUIS		
State Missouri - ZIP Code + 4 63139-3159		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS IS A TRUST IN WHICH THE LABOR ORGANIZATION IS INTERESTED	
Trade Name if any		
PO Box Bldg Room No If any	شب _و . .د	
Street		
21	11 b Approximate dollar value of such dealing	
City 1 3 2 2 2 2 2 2 2 2	12 a Nature of interest held or income received	
State ZIP Code + 4	IN ADDITION TO BEING THE WARDEN FOR CARPENTERS LOCAL 412 I AM AN INSTRUCTOR FOR THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS (CJTF) IN 2005 I RECEIVED \$65 478 IN SALARY AND \$681 OF EXPLNSE	
	REIBURSEMENTS FROM MY EMPLOYER THE CJTF	
	; Y	
	1	
	12 b Amount \$66 159	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant	-14 a Nature of payment	
(including trade name if any)		
Name	3	
Trade Name if any	James	
P O Box Bldg Room No If any		
Street		
Crty		
State 1 1 ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	